PART B - FEE(S) TRANSMITTAL

and sens this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885 INSTRUCTIONS: This for should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate All further the espendence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated until below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 30405 07/18/2008 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. MILLENNIUM PHARMACEUTICALS, INC. 40 Landsdowne Street CAMBRIDGE, MA 02139 10/15/2008 HDEMESS2 00000022 501668 Sean, Hunziker/Beverly Sotiropoulos(Depositor's name) 10810793 (Signature) 01 FC:1501 1510.00 DA 300.00 DA 02 FC:1504 (Date 03 FC:8001 9.00 DA CONFIRMATION NO FIRST NAMED INVENTOR ATTORNEY DOCKET NO. APPLICATION NO. FILING DATE MP196-031CP1DV1CPACN2M 1019 Zhijian J. Chen 10/810,793 03/26/2004 TITLE OF INVENTION: ANTIBODY TO A KINASE CAPABLE OF SITE-SPECIFIC PHOSPHORYLATION OF IKAPPABALPHA PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE PUBLICATION FEE DUE APPLN. TYPE SMALL ENTITY ISSUE FEE DUE \$1810 \$1810 \$x44 \$1510 \$0 10/20/2008 NO \$300 nonprovisional **EXAMINER** ART UNIT **CLASS-SUBCLASS** 530-387100 OUSPENSKI, ILIA I 1644 Millennium Pharmaceuti 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list CFR 1.363). (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, lcals, Inc. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Cambridge, Massachusetts Millennium Pharmaceuticals, Inc. Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🙀 Corporation or other private group entity 🚨 Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: A check is enclosed. X Issue Fee Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any Advance Order - # of Copies _ (enclose an extra copy of this form). overpayment, to Deposit Account Number 501668 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. October 8, 2008 Authorized Signature

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Registration No. ____50,609

Typed or printed name

Tracy M.

Sioussat

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Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 30405 7590 07/18/2008 Certificate of Mailing or Transmission MILLENNIUM PHARMACEUTICALS, INC. I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. 40 Landsdowne Street CAMBRIDGE, MA 02139 Sean, Hunziker/Beverly Sotiropoulos(Depositor's name) (Date) APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 03/26/2004 10/810,793 Zhijian J. Chen MP196-031CP1DV1CPACN2M 1019 TITLE OF INVENTION: ANTIBODY TO A KINASE CAPABLE OF SITE-SPECIFIC PHOSPHORYLATION OF IKAPPABALPHA APPLN TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE NO \$x446 \$1510 sax40 \$1810 nonprovisional \$300 10/20/2008 **EXAMINER** ART UNIT CLASS-SUBCLASS OUSPENSKI, ILIA I 1644 530-387100 Millennium Pharmaceuti 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list CFR 1.363). (1) the names of up to 3 registered patent attorneys cals, Inc. ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. òr agents OR, alternatively, (2) the name of a single firm (having as a member a "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Millennium Pharmaceuticals, Inc. Cambridge, Massachusetts Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🙀 Corporation or other private group entity 🔲 Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 501668 (enclose an extra copy of this for Advance Order - # of Copies ____ (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. Date October 8, 2008 Authorized Signature Typed or printed name _ Tracy M. Sioussat 50,609 Registration No. _

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

T				c
In	re	app	lication	or:

Chen, Zhijian J.

Application No.:

10/810,793

Group No.:

1644

Filed:

March 26, 2004

Examiner:

Ouspenski, Ilia I.

For:

KINASE CAPABLE OF SITE-SPECIFIC PHOSPHORYLATION OF IKB-A

12/11/01/ Of Mid /

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- 1. Transmitted herewith for this application are:
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 - b. PTOL-85 Part B Fee(s) Transmittal (1 page in duplicate); and
 - c. Return Postcard.
- 2. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85.

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Sean Hunziker/Beverly Sotiropoulos

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Practitioner's Docket No. MPI96-031CP1DV1CPACN2M

3. Fee (37 C.F.R. Section 1.18(a)):

	<u>Regular</u>
Application status is other than a small entityfee:	\$1,510.00
Publication Fee	\$300.00
Advance Order – patent copies (3)	\$9.00

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October 8, 2008

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Telephone – (617) 374-7679 Facsimile – (617) 551-8820